

12/03/01  
JC698 U.S. PTO

12-07-01

A

## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.

MFCP.89120

(for nonprovisional applications under 37 C.F.R. § 1.53(b))

Express Mail No.

EL375168569US

**TO:** U.S. Patent and Trademark Office  
 Box Patent Application  
 P.O. Box 2327  
 Arlington, VA 22202

11046 U.S. PTO  
10/005636

Inventor(s): Benjamin P. Davenport, Shawn M. Murphy and Walter R. Smith

Title: SERVICE QUALITY MONITORING SYSTEM AND METHOD

THIS APPLICATION CLAIMS THE BENEFIT OF U.S. PROVISIONAL APPLICATION SN 60/293,441, FILED 5/24/01.

Enclosed are:

49	pages of specification including abstract
10	sheet(s) of FORMAL drawings
X	an assignment of the invention to: Microsoft Corporation, along with recordal form and check in the amount of \$40.00
X	Declaration of Inventor(s): <input type="checkbox"/> NOT executed <input type="checkbox"/> Copied from a prior application (for contin/div)
	small entity status is claimed.
	a small entity status was claimed or filed in prior application; status still proper and desired.
	Information Disclosure Statement/PTO-1449/Copies of IDS citations.
	other:

If a Continuing Application: Check appropriate box, and supply the requisite information below:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-Part (CIP)	of prior provisional application No.
---------------------------------------	-------------------------------------	---	--------------------------------------

Prior application information:	Examiner:	Group Art Unit:
--------------------------------	-----------	-----------------

## CLAIMS AS FILED

	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$740	\$ 740
TOTAL CLAIMS	41 - 20 =	21	X \$ 18	\$ 378
INDEPENDENT CLAIMS	6 - 3 =	3	X \$ 84	\$ 252
MULTIPLE DEPENDENT CLAIM PRESENT			\$	\$ -0-

\* Number extra must be zero or larger

TOTAL \$

If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.

SMALL ENTITY TOTAL \$ 1,370

<input type="checkbox"/> X	A check in the amount of \$1,370.00 to cover the filing fee is enclosed.
----------------------------	--

<input type="checkbox"/> X	Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet.
----------------------------	---

Charge the amount of \$ \_\_\_\_\_ as filing fee.

Credit any overpayment.

Charge any additional filing fees required under 37 CFR 1.16 and 1.17.

Correspondence Address: →

Name: DANIEL W. SHINN Reg. No.: 40,810  
 SHOOK, HARDY & BACON L.L.P.  
 1200 Main Street  
 Kansas City, MO 64105-2118

Date

Phone: 816-474-6550  
 Fax: 816-421-5547

The PTO did not receive the following  
 listed item(s) \$ 1370.00 check

We did receive 2 checks  
 \$ 1370.00

999583.1